The text is divided into sections entitled "Preventive Cardiology," "Clinical Cardiology," "Electrophysiology and Pacing," "Cardiovascular Imaging," "Invasive Cardiology and Surgical Techniques," "Heart Failure and Transplantation," and "Vascular Biology and Medicine." The section addressing prevention has good summaries of the epidemiologic data and clinical trials data that support the relationship between, for example, smoking, hypertriglyceridemia, diabetes mellitus, hypertension, and coronary artery disease. There is a chapter on cardiac rehabilitation that includes a cost-benefit analysis and a chapter on psychosocial issues that includes descriptions of relaxation training, stress management, and behavior modification. There are several interesting chapters on medicoeconomic and medicolegal issues. Substance abuse and athlete's heart are addressed. The section on invasive techniques covers the new interventional methods, including stenting, atherectomy, laser, and endovascular radiology, thoroughly. Restenosis is addressed, both from a clinical standpoint as well as from the point of basic research to modify endothelial injury and regeneration. The sections dealing with the genetics of cardiovascular disease and the molecular biology have simple, easy-to-understand descriptions of the multitude of new techniques such as for gene therapy, DNA hybridization, and PCR, understandable to those of us not working directly in the field.

My only criticism of the textbook is regarding the sections addressing vascular diseases, and thus its utility to vascular surgeons. These sections, for the most part, are not well done, with the exception of Dr Strandness' chapter on noninvasive vascular imaging. They appear to have been written for an audience of cardiologists and internists, but even with this caveat, they are neither complete nor well organized. For example, the chapter on peripheral arterial occlusive disease does not contain any information about the nonoperative treatment of intermittent claudication, such as exercise, smoking cessation, or cilostazol therapy. The aneurysm chapter does not address endovascular repair in any detail. The chapter on cerebrovascular disease briefly discusses the ACAS and NASCET trials, but with regard to NASCET subjects with 30% to 69% stenosis, it states that ". . . the subgroup continues to be studied." No mention is made of the findings published in the *New England Journal of Medicine* in 1998 in which the subgroup with 50% to 69% stenosis was found to benefit from carotid endarterectomy, while those with 30% to 49% stenosis did not.[1]

If I were a cardiologist, I would acquire this textbook. It is thorough, well organized, and well written, and the real-time images are a wonderful way to present ultrasound and angiographic findings. As a vascular surgeon, I would not buy this book unless I had a specific need for the data provided in the chapters on epidemiology or molecular biology. Because I am interested in the relationship between cardiovascular risk factors and development and progression of peripheral arterial occlusive disease, I found these useful. However, for the practicing surgeon, it probably is not worth the cost of $275 to be entertained by real-time echocardiographic images of the heart.

Lois Killewich, MD

University of Texas
Galveston, Tex

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Handbook of coronary care, 6th ed

Joseph Alpert, Gary Francis; Philadelphia; 2000; Lippincott Williams & Wilkins; 222 pages; $35.95.

The *Handbook of Coronary Care* by Drs Alpert and Francis is a 222-page pocket guide that outlines strategies for the management of acute myocardial infarction patients requiring coronary care unit admissions. The style of presentation adopted by the authors is to present a short introduction on the topic, treatment recommendations presented in an outline format, and a concise bibliography. The book, therefore, is primarily a laundry list of indications for therapy and recommended treatment algorithms. The target audience who would most benefit from such a format are house officers, who primarily diagnose and treat acute myocardial infarct patients. I therefore believe that vascular surgeons would find little use for this book.

The format of the book is its strength and weakness. The concise introductions and treatment recommendations make the handbook a good quick reference for on-the-spot decision making. If readers want more information on a particular topic, the authors refer them to the bibliographies at the end of each chapter for further in-depth discussion. As a result, there is little explanation on the pathophysiology of the disease process. I found the majority of the chapters lacking in information pertinent to practicing vascular surgeons. For example, there are numerous beta blockers and calcium channel blockers on the market today. The chapters on these topics gave cursory explanations on the indications for the use of these agents and also discussed the two or three most commonly used drugs. Similarly, the role of cardiac catheterization, percutaneous coronary arterial angioplasty, and cardiac surgery in the management of acute myocardial infarction was discussed in two pages with a third page of references. The best-written chapter in the book was on arrhythmias and their treatment. The diagnosis and management of the various cardiac arrhythmias was clearly written and well suited to the concise format used by the authors. The only chapters of interest to vascular surgeons were the two that discussed the use of lytic agents and platelet glycoprotein IIB/IIIA antagonists. Vascular and endovascular surgeons are using these agents with increasing frequency, yet our familiarity with this class of drugs is not what it should be. Therefore, I found the dosing regimens and protocols on administration useful.

This handbook is best suited for house officers managing patients in coronary care units who need quick references on treatment indications and dosages of medications. Vascular surgeons would find little use for this text in their daily management of peripheral vascular patients, and I would not recommend this book to them.

Peter Pappas, MD

New Jersey Medical School
Newark, NJ

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